

11/05/2007 15:52

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TOTAL: SERVICE

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APR-20-06 09:00

FROM-LAND & WATER

801-354-9936

T-544 P.02

F-442

SILLS

County: Hinds
 Permit #: _____
 Driller: Andy Lewis
 Date drilling completed: _____

State Well Report
Part 1 - Driller's Log
 Mississippi Department of Environmental Quality
 Office of Land and Water Resources
 P.O. Box 10631
 Jackson, MS 39289-0631
 (601)961-5210
 (601)354-6938 (fax)

For Office Use Only
 Agency: _____
 Well #: R-228
 L. S. Revision: _____
 S-log #: _____

State Law requires that this report be prepared by the license holder responsible for the work and filed with the Department at the above address within 30 days of completion of drilling of the well or borehole.

Information on Well Owner (Landowner if borehole is not for a water well) Owner Name: <u>Andy Silks</u> Mailing Address: <u>266 Spring Wood Dr</u> <u>Jackson, Ms</u> City State Zip Code Telephone No: <u>(601) 932-7555</u> <u>Grass Taylor Contractor</u>		Well or Borehole Location Location: <u>N 52° 10' 25" W 090° 20' 36" E</u> Method of Lat/Long (circle one): <u>Conventional Survey</u> USGS quad, <u>(hand-held GPS)</u> Survey-grade GPS <u>NE 1/4 SW 1/4 Sec 19 Twp 14 N Rng 1 W</u> Direction Distance Nearest Town <u>3 Miles SW of Bogalusa, La</u>
Well / Borehole Data Date drilling started: <u>Oct 9</u> Date drilling completed: <u>Oct 10</u> Hole depth: <u>250 ft</u> Hole diameter: <u>4 1/4"</u> Location of the source of any surface water used for drilling: _____ Method of casing and volume of Chlorine used in drilling and development: _____ Logs run (circle all applicable): No log run Electric Gamma Ray Density Sonic Neutron Other: _____ Name of organization running log(s): _____ Purpose of borehole (check one): Water Well _____ Geotechnical/Geological Investigation _____ Ground Source Heat Pump _____ _____ Business Survey _____ Other (describe) _____ <i>If drilling is not related to water well construction, skip the remainder of this block.</i>		
Purpose of Well (check one): Home _____ Industrial _____ Public Supply _____ Irrigation _____ Fish Culture _____ Other _____ If a flowing well, method of flow regulation: Valve _____ Other (describe) _____ Static Water Level: _____ feet above or below (circle one) land surface Date measured: _____ Method of Measurement (circle one): steel tape _____ electric tape _____ air line _____ other: _____ Well depth: _____ Well grouted to a depth of _____ feet Type of grout (circle one): Neat Cement _____ Bentonite _____ Mix _____ Casing length: _____ feet Casing diameter: _____ inches Type of casing: _____ Screen length: _____ feet Screen diameter: _____ inches Type of screen: _____ Screen slot size: _____ inches Setting depth: From _____ feet to _____ feet Type of completion (circle all applicable): Gravel packed _____ Underreamed _____ Telescoped _____ Open hole _____ Natural Development _____ Other (describe): _____ Top of lap pipe or reduction in casing: _____ feet <i>If telescoped or more than one screen, describe on next page.</i>		

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APR-20-08 09:50 FROM LAND & WATER

001-954-8888

T-844 P.09 F-442

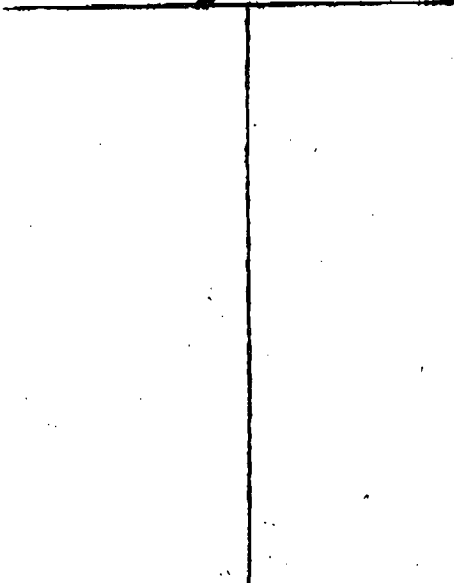
R-228

SILLS

The sketch below only required for water wells.

Descriptions of formations encountered must be provided for all wells and boreholes unless specifically exempted by regulations

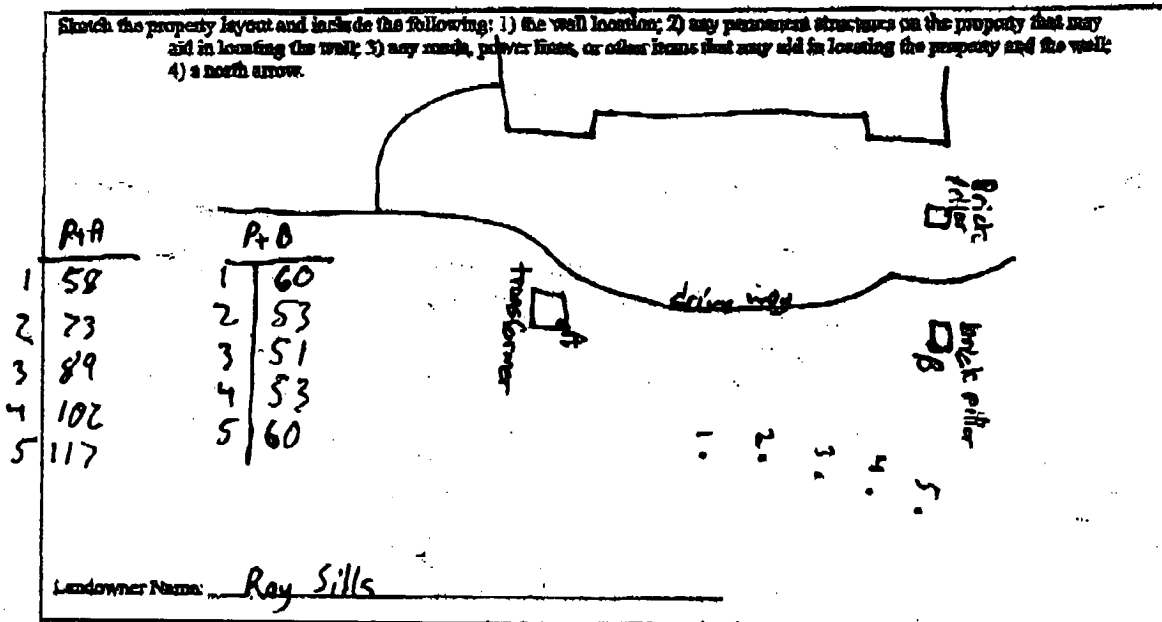
If well collocation shows depths on sketch
Ground Level _____



Description of Formations Encountered	From (feet)	To (feet)
Top Clay	0	70
Coarse sand & clay	35	80
Water sand	80	90
Sand	90	110
Heavy Clay	110	250

If more than one screen, show location of each on sketch.

Sketch the property layout and include the following: 1) the well location; 2) any permanent structures on the property that may aid in locating the well; 3) any roads, power lines, or other items that may aid in locating the property and the well; 4) a north arrow.



Landowner Name: Ray Sills

Form OLWR-SWR-1A

I certify that the well/borehole was drilled, constructed, and completed in accordance with all applicable requirements of the Mississippi Department of Environmental Quality and the Mississippi Department of Health regulations, if applicable, and state laws.

Fred Danforth 0-69867 11-5-07

Fred Danforth

Print Name of Responsible Licensee and License No.

Date

Signature of Licensee